TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
PAIN & RECOVERY CLINIC

Respondent Name
TRAVELERS INDEMNITY CO

MFDR Tracking Number
M4-18-0174-01

Carrier's Austin Representative
Box Number 05

MFDR Date Received
SEPTEMBER 19, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our Facility has been having difficulties with the above carrier in processing these authorized services according to the fee schedule allowance."

Amount in Dispute: $128.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider contends they are entitled to additional reimbursement for CPT code 97546. As documented on the Work Hardening/Conditioning Daily Note, included with the DWC-60 and attached hereto, the Provider performed 2 initial hours of work hardening (CPT code 97545) and 2 additional hours of work hardening (CPT code 97546). The billing from the Provider, however, reflected 4 additional hours billed (4 units of CPT code 97546). The Carrier has reimbursed the Provider for the 2 units actually performed and disputes the Provider's entitlement to reimbursement for services billed but not documented as rendered."

Position Summary Submitted by: The Travelers Companies, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 28, 2017	Work Hardening Program CPT Code 97546-WH-CA (Total of 4 Hours)	$128.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, effective May 31, 2012 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.230, effective July 17, 2016 sets out the reimbursement guidelines for work hardening programs.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - P12-Workers' compensation jurisdictional fee schedule adjustment.
   - 863-Reimbursement is based on the applicable reimbursement fee schedule.

- 309-The charge for this procedure exceeds the fee schedule allowance.
- W3-Additional payment made on appeal/reconsideration.
- 947-Upheld. No additional allowance has been recommended.

Issues

What is the appropriate reimbursement for work hardening services?

Finding

According to the submitted explanation of benefits, the respondent paid $256.00 for CPT codes 97545-WH and 97546-WH.

The fee guidelines for work hardening services is found in 28 Texas Administrative Code §134.230.

28 Texas Administrative Code §134.230(1) states "Accreditation by the CARF is recommended, but not required.
(A) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the maximum allowable reimbursement (MAR).
(B) If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for a non-CARF accredited program shall be 80 percent of the MAR."

The requestor billed 97545-WH-CA and 97546-WH-CA with the CA modifier; therefore, the disputed program is CARF accredited and reimbursement shall be 100% of the MAR.

28 Texas Administrative Code §134.230 (3) states "For division purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening.
(A) The first two hours of each session shall be billed and reimbursed as one unit, using CPT code 97545 with modifier "WH." Each additional hour shall be billed using CPT code 97546 with modifier "WH." CARF accredited programs shall add "CA" as a second modifier.

(B) Reimbursement shall be $64 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes."

According to the submitted bill, the requestor billed for 4 hours of CPT code 97546-WH-CA and 1 unit of 97545-WH-CA. A review of the Work Hardening/Conditioning Daily Note indicates 2 units of code 97546-WH were performed and 2 units of 97545-WH for a total of 4 units. Based upon the explanation of benefits, the respondent paid for 4 units; therefore, additional reimbursement is not due.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	10/11/2017 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812